

# CUMULATIVE CLAIM AND RECONCILIATION STATEMENT

OMB Control No. 2105-0517

Expiration Date: 4/30/97

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition and Regulatory Policy, GSA, Washington, D.C. 20405; and to the Office of Management and Budget, Paperwork Reduction Project (2105-0517), Washington, D.C. 20503.

1. Name of Contractor \_\_\_\_\_

2. Address of Contractor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Contract No. \_\_\_\_\_

4. Delivery/Task Order No. \_\_\_\_\_

5. The total amount claimed under the above numbered contract, delivery order, or task order number is as follows:

a. Direct Labor.....\$ \_\_\_\_\_  
b. Direct Material.....\$ \_\_\_\_\_  
c. Other Direct Costs.....\$ \_\_\_\_\_  
d. Overhead.....\$ \_\_\_\_\_  
e. G&A.....\$ \_\_\_\_\_  
f. Subcontract Cost.....\$ \_\_\_\_\_  
g. Total Costs (5a through 5f).....\$ \_\_\_\_\_  
h. Fixed Fee.....\$ \_\_\_\_\_  
i. Total Amount Claimed.....\$ \_\_\_\_\_

6. Total amount due under the above numbered contract, delivery order, task order is as follows:

a. Total Amount Claimed.....\$ \_\_\_\_\_  
b. Total Amount Paid by the Government under  
Voucher Nos. \_\_\_\_\_ thru \_\_\_\_\_ .....\$ \_\_\_\_\_  
c. Total Amount (if any) Withheld, Disallowed, etc. (as explained  
on the attached sheet).....\$ \_\_\_\_\_  
d. Total Amount Due.....\$ \_\_\_\_\_

I, \_\_\_\_\_, as the \_\_\_\_\_  
(Full Name) (Title)

of the above named contractor, declare that the above statements are correct in accordance with  
the records of the contractor.

\_\_\_\_\_  
(Signature)